

Please type a plus sign (+) inside this box ☐

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing	0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	960296.95726
			First Named Inventor	Frederick R. Blattner
			<b>COMPLETE IF KNOWN</b>	
			Application Number	
			Filing Date	
			Group Art Unit	
			Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BACTERIA WITH REDUCED GENOME**

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) 

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD\323398

Please type a plus sign (+) inside this box ☐

## DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application  
Number

PCT Parent  
Number

Parent Filing Date  
(MM/DD/YYYY)

Parent Patent Number  
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  
OR

Customer  
Number or label

☒ List attorney(s) and/or agent(s) name and registration number below

Name

Registration  
Number

Name

Registration  
Number

Nicholas J. Seay  
Bennett J. Berson

27,386  
37,094

David M. Kettner  
Zhibin Ren

45,598  
47,897

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to

☐ Customer  
Number or label

OR ☒ Fill in correspondence  
address below

Name Nicholas J. Seay

Address Quarles & Brady LLP

Address P O Box 2113

City Madison

State WI

Zip 53701-2113

Country USA

Telephone (608)251-5000

Fax (608)251-9166

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Frederick

Middle

R.

Family

Blattner

Suffix

Inventor's  
Signature

Date

Residence: Madison

State WI Country US

Citizenship US

Post Office 1547 Jefferson Street

Post Office

City Madison

State WI Zip 53711

Country US

Applicant  
Authority

☒ ☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:								A petition has been filed for this unsigned inventor					
Given	Gyorgy				Middle		Family	Posfai			Suffix		
Inventor's											Date		
Residence:						State		Country			Citizenship		
Post Office													
Post Office													
City					State		Zip			Country	Applicant Authority		
Name of Additional Joint Inventor, if any:								A petition has been filed for this unsigned inventor					
Given	Christopher				Middle Initial	D.	Family Name	Herring			Suffix		
Inventor's											Date		
Residence:		Madison				State	WI	Country	US		Citizenship	US	
Post Office		32 Oakbridge Court											
Post Office													
City	Madison				State	WI	Zip	53717		Country	US		
Name of Additional Joint Inventor, if any:								A petition has been filed for this unsigned inventor					
Given	Guy				Middle		Family	Plunkett			Suffix	III	
Inventor's											Date		
Residence:		Madison				State	WI	Country	US		Citizenship	US	
Post Office		1613 Gilbert Road											
Post Office													
City	Madison				State	WI	Zip	53711		Country	US		
Name of Additional Joint Inventor, if any:								A petition has been filed for this unsigned inventor					
Given					Middle		Family				Suffix		
Inventor's											Date		
Residence						State		Country			Citizenship		
Post Office													
Post Office													
City					State		Zip			Country	Applicant Authority		

Additional inventors are being named on supplemental sheet(s) attached hereto